STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TRAVEL EXPENSE CLAIM DEPARTMENT PAGE(S) CHP 262 (Rev. 3-93) OPI 071 BTH Agency Relocation Out of State 1 of 1 SOCIAL SECURITY NUMBER CLAMANTO NAME O WHEER WORK TELEPHONE NUMBER (916) 323-5401 Dale E. Bonner DIVISION OR BUREAU LOCATION CODE POSITION CB / ID NUMBER Business, Transportation & Housing Agency 699 Secretary RESIDENCE ADDRESS HEADQUARTERS ADDRESS 980 9th Street, Suite 2450 CITY, STATE, AND ZIP CODE CITY, STATE, AND ZIP CODE 11 19 Sacramento, CA 95814 1, MONTH/YEAR MEALS TRANSPORTATION O.T., L/T, N/C D. PRIVATE CAR USE TOTAL February/2010 LOCATIONS WHERE EXPENSES WERE INCURRED BUSINESS LODGING BREAKFAST LUNCH RELO, OR DINNER INCIDENTALS COST OF EXPENSES MILES AMOUNT **EXPENSE** 2, DATE TIME TRANS. USED PARKING FOR DAY Los Angeles to 1130 Sacramento 36.00 36.00 1 cab Sacramento/San Jose/ 0700 18 18.00 Los Angeles 41.00 cab 59.00 19 10,00 Los Angeles 10.00 Los Angeles to 2300 21 Sacramento 76.00 cab 76.00 Sacramento to Los 24 1630 Angeles 43.00 cab 43.00 25 Los Angeles 10.00 10.00 10, **CLAIM TOTAL** 196.00 234.00 11. PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED) 12. NORMAL WORK HOURS 2/1/10 - Return from Los Angeles (1/28/10 - attended Metro / 710 Corridor Executive meeting.) 2/18/10 - Pensions and Infrastructure meeting at Stanford University. 2/19/10 - USDOT Surface 13. REGULAR DAYS OFF Transportation Reauthorization Outreach meeting with Secretary LaHood and Senator Boxer. 2/25/10 - Speak at Workshop on the Impacts of Climate Change on California Infrastructure; meeting with 14. PRIVATE VEHICLE LICENSE NUMBER CityView CEO regarding infrastructure investments; meeting with LA Metro executives. 15. MILEAGE RATE CLAIMED ACCOUNTING USE ONLY PAID FOR BY REVOLVING CHECK NUMBER 16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules 🛊 the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum ate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage. NTS SIGNATURE (blue jak only) GNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

4.21.10

Y FOR SPECIAL EXPENSES

Destroy Previous Editions